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FILED FOR DECORD SKAMAN COLL YASH BY DSHS

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AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E NILL PLAIN BLDG 3 P O BOX 4269 VANCCUVER WA 98662-0269



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN	
Grantor or Debtor: Cristina M. Bojorquez DOB 11/06/74	, SSN,
Grantee or Creditor: The Department of Social a	nd Health Services (DSHS).
Legal Description.	
Assessor's Property Tax Parcel Account Number:	
DSHS claims that the debtor named above owes Support (DCS) files a lien in the amount of \$	past-due child support. The Division of Child  2,625.00 in Skamania County on:
All real and personal property of the debtor	
Only the property described in the Legal Description section above.	
	12 min
April 06, 1998	M. Givens
Date	Authorized Representative DIVISION OF CHILD SUPPORT
	(800) 345-9984
	Telephone Number
In reply, refer to:	
Case #: 1143825 1180838	
NOTICE AND STATEMENT OF EIEN DSHS 09-282 (XEV. 09 1996)	(FG REL:12/96) (2973 980406 180925)

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